

## CHILD CARE VERIFICATION

TO: (Name and address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DATE: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_

APPLICANT/PARTICIPANT NAME: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

FROM:

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, \_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

\*\*\*\*\*

I hereby authorize release of any information requested regarding my income, assets, and allowances. I understand childcare includes only what is necessary for me to continue my employment/education or actively seek employment.

### TO BE COMPLETED BY APPLICANT/RESIDENT:

I hereby certify that \$\_\_\_\_\_ per week month year (*circle one*) for child care is reimbursed to me by an outside source.

\_\_\_\_\_  
Applicant/Resident Signature

### TO BE COMPLETED BY THE CHILD CARE PROVIDER:

1. Days per week that child care is provided: \_\_\_\_\_
2. Number of hours per day: \_\_\_\_\_
3. Expected length of term for child care: \_\_\_\_\_
4. Name(s) of child(ren) cared for: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I receive the sum of \$\_\_\_\_\_ per week month year (*circle one*) for the care of the above forementioned child(ren).

Signature of Person Verifying Information: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_